

# Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935  
Madison, WI 53708-8935

FAX #: (608) 261-7083  
Phone #: (608) 266-2112

1400 E. Washington Avenue  
Madison, WI 53703

E-Mail: [web@drl.state.wi.us](mailto:web@drl.state.wi.us)  
Website: <http://www.drl.state.wi.us>

## APPLICATION INFORMATION FORM

### ATTENTION

### IMPORTANT INFORMATION PLEASE READ

Enclosed is the application packet you recently requested from the Wisconsin Department of Regulation and Licensing.

To avoid any unnecessary errors, take a moment to review the entire application packet before you begin to complete your application.

We will mail you a check sheet within 10-15 working days after receipt of your application in this office. The check sheet will include an identification number that allows you to check the status of your application by calling the **Interactive Voice Response System, (608) 261-7925**. The Interactive Voice Response System will inform you of any requirements not met. You may also check the status of your application on our web-site: <http://www.drl.state.wi.us>. Look under "Applicant Services."

It is your obligation as an applicant to see that the items listed as "Is Required" are forwarded to the Department of Regulation and Licensing. The Department will not contact other agencies or jurisdictions for information/documents to complete your application. We will update check sheets within 3-5 working days of receipt of documents. An application is not considered complete until we receive all the required documents and fees.

Once your application is complete, check the department's web-site: <http://www.drl.state.wi.us>. Look under "Business/Professional License Lookup" for your official credential number and grant date.

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## INFORMATION FOR SOCIAL WORKER APPLICATION

The Wisconsin Statutes provide that the Social Worker Section will grant a Social Worker certificate or license to any applicant who submits an application, pays the required fee, satisfies the education and supervised experience requirements, passes the jurisprudence examination, and passes the national examination of the Association of Social Worker Boards (ASWB).

### **Social Worker:**

Certification as a Social Worker ("CSW" or "basic-level social worker") requires a bachelor's or higher degree in social work and passage of the basic level national exam.

### **Advanced Practice Social Worker:**

Certification as an Advanced Practice Social Worker ("CAPSW") requires a master's or higher degree in social work and passage of the intermediate level national exam.

### **Independent Social Worker:**

Certification as an Independent Social Worker ("CISW") requires a master's or higher degree in social work, passage of the advanced level national exam, and verification of at least 3,000 hours of social work practice.

### **Clinical Social Worker:**

Licensure as a Clinical Social Worker ("LCSW") requires a master's or higher degree in social work, passage of the clinical level national exam, and verification of at least 3,000 hours of clinical social work practice, including at least 1,000 hours of face-to-face client contact.

## REQUIRED DOCUMENTS FOR PROCESSING APPLICATIONS:

### 120 Social Worker (CSW)

- Application Form #1992
- Fee
- Addendum (Social Security Number)
- Academic verification form pre-graduation (optional)
- Certificate of professional education (after graduation)
- Convictions and Pending Charges form (if applicable)
- State jurisprudence exam
- Verification of Credential Form (if out of state credential)

### 121 Advanced Practice Social Worker (CAPSW)

- Application Form #1992
- Fee
- Addendum (Social Security Number)
- Academic verification form pre-graduation (optional)
- Certificate of professional education (after graduation)
- Convictions and Pending Charges form (if applicable)
- State jurisprudence exam if not taken within last 5 years
- Verification of Credential Form (if out of state credential)
- Optional Clinical Review Information

### 122 Independent Social Worker (CISW)

- Application Form #1992
- Fee
- Addendum (Social Security Number)
- Certificate of professional education (after graduation)
- Convictions and Pending Charges form (if applicable)
- State jurisprudence exam if not taken within last 5 years
- Page 2 complete information on supervision
- Verification of Credential Form (if out of state credential)

### 123 Clinical Social Worker (LCSW)

- Application Form #1992
- Fee
- Addendum (Social Security Number)
- Certificate of professional education (after graduation)
- Convictions and Pending Charges form (if applicable)
- State jurisprudence exam if not taken within last 5 years
- Transcript for master's or higher degree program
- Course descriptions
- Page 2 complete information on supervision
- Supervised clinical field training (Form #2561)
- Documentation of post-graduate clinical experience  
(Form #2560) (Sent by supervisor)
- Verification of Credential Form (if out of state credential)

# State of Wisconsin Department of Regulation & Licensing

## **Reciprocal Applicants:**

A Social Worker certificate or license may be granted by reciprocity if an applicant holds a credential from a state whose requirements are (or were at the time) substantially equivalent to current Wisconsin requirements.

Reciprocal applicants are not eligible for the temporary certificate or license.

You will be required to submit all of the information listed on page 1 for the level at which you are applying, plus the following:

- Verification of credential from any states in which you have been, or are credentialed. Form #1971 must be completed and sent by the credentialing authority of each state directly to the Social Worker Section.
- Verification of passing the ASWB examination (national) – directly from ASWB - if you have not taken this exam you will be required to apply as a new candidate and take the state open book examination and the national examination.
- Verification of supervisor's credential at the time of supervision.

## **Optional Clinical Education/Field Training Review for APSW Applicants:**

Under current law, a person applying for licensure as a Clinical Social Worker must have completed a master's or doctoral degree that had a clinical social work concentration and completed 2 semesters or 1 year of supervised clinical field training.

If you anticipate applying for licensure as a Clinical Social Worker in the future and would like the Social Worker Section to review whether your degree program had a clinical social work concentration and supervised clinical field training, please submit along with your application for APSW a detailed description of your supervised clinical field training, including dates, and a transcript of your social work program with course descriptions. Please do not send course syllabi unless specifically requested. Course descriptions are not needed for courses taught by the UW-Madison and UW-Milwaukee Schools of Social Work. You may submit a photocopy or other unofficial copy of your transcript at this stage.

## **Definitions relevant to an application for licensure as a Clinical Social Worker:**

"Clinical field training" means a minimum of one academic year (2 semesters) in the supervised practice of clinical social work services consisting of assessment; diagnosis; treatment, including psychotherapy and counseling; client-centered advocacy; consultation; and evaluation. "Clinical field training" does not include indirect social work service, administrative, research, or other practice emphasis.

"Clinical social work" means social work with a clinical emphasis consisting of assessment; diagnosis; treatment, including psychotherapy and counseling; client-centered advocacy; consultation; and evaluation. "Clinical social work" does not include indirect social work service, administrative, research, or other practice emphasis.

"Clinical social work concentration" means a course of study with a primary focus on resolving intrapsychic and interpersonal problems by means of direct contact with clients at the individual, small group and family level. A concentration on community or organizational problems, social planning or policy development does not constitute a clinical social work concentration. To qualify as a master's or doctoral degree in social work with a concentration in clinical social work, clinical courses must comprise at least 40% of non-field placement credits in the degree program. A clinical social work concentration must include theory and practice courses from among the following:

- (a) Case management.
- (b) Psychopathology in social work.
- (c) Clinical assessment and treatment of specific populations and problems, such as children, adolescent, elderly, alcohol and drug abuse, family or couples relationships.
- (d) Psychopharmacology.
- (e) Psychotherapeutic interventions.
- (f) Electives such as family therapy, social work with groups, sex- or gender-related issues and topics. "Primary clinical settings" means a facility whose primary purpose is to treat persons with a DSM diagnosis.

"Supervised clinical field training" means training in a primary clinical setting which must include at least 2 semesters of field placement where more than 50% of the practice is to assess and treat interpersonal and intrapsychic issues in direct contact with individuals, families or small groups.

# State of Wisconsin Department of Regulation & Licensing

## **TAKING EXAMINATION PRIOR TO GRADUATION/ACADEMIC VERIFICATION FORM:**

Applicants for basic-level social work or advanced practice social work may apply to take the national social work examination if they have completed all the other requirements for certification and their school completes and sends in the Academic Verification Form that the applicant is a student in good standing and is within 6 months of graduation. The Certificate of Professional Education must still be filed upon graduation.

Applicants who take the exam and fail prior to graduation are not eligible for a temporary credential.

## **TEMPORARY CERTIFICATES OR LICENSE:**

A temporary certificate or license permits you to practice and use a title if you have completed all the requirements except the exam, and can be issued for an additional \$10.00 fee. Reciprocal candidates are not eligible for a temporary certificate. The Temporary Certificate is valid for 9 months from the date of issuance, and may not be renewed or extended.

Temporary Certificates for Social Worker, Advanced Practice Social Worker, Independent Social Worker, or Clinical Social Worker:

- Permits you to use the title.
- If you pass the examination, you can continue to use the title until the temporary certificate or license expires or you receive your regular certificate or license.
- If you fail the examination, the temporary certificate or license is void and **MUST** be returned to the Social Worker section of the Department of Regulation and Licensing, at P.O. Box 8935, Madison, WI 53708-8935. The title cannot be used.

## **NATIONAL EXAMINATION: ASSOCIATION OF SOCIAL WORKER BOARDS (ASWB)**

1. Required of all eligible applicants. If you have already taken the ASWB examination, that score will be accepted if sent directly from ASWB. Contact information for ASWB may be found under 'study guides' below.
2. Eligibility will be determined upon receipt of a completed application, appropriate fee, and other requirements.\*
3. The Department will issue an approval letter with examination instructions when all requirements have been met.
4. The ASWB examinations are administered year round at specific sites within the state. After receipt of approval letter contact ASWB after 5 work days at 1-888-579-3926 for the dates and further instructions.

**\*NOTE:** Clinical Social Worker - You will not be eligible for examination or licensure until the Section has reviewed and approved your application and required information.

**If you fail** the examination you will be required to wait 90 days before retaking the examination. Call ASWB to schedule another examination date.

If you need the approval letter reissued contact the Department of Regulation and Licensing at (608) 261-2390.

## **STUDY GUIDES:**

Candidates may purchase a study guide by contacting ASWB directly at 1-800-225-6880 or by writing to: ASWB Study Guide, 400 South Ridge Parkway, Suite B., Culpeper, VA 22701.

## **SCORES:**

Wisconsin requires a scaled score of 70 or above to pass the examination.

## **JURISPRUDENCE EXAMINATION:**

The jurisprudence examination is an open book examination on the Wisconsin Statutes and Rules relating to the practice of social workers. **If you have taken the jurisprudence examination within the last 5 years you do not need to retake this examination.**

Enclosed is a numbered examination booklet along with an answer sheet. **Write the booklet number on the answer sheet. You must return the entire examination booklet and answer sheet directly to the Social Worker Section, Department of Regulation and Licensing, P.O. Box 8935, Madison, WI 53708-8935.** If you fail this open book examination, a retake fee will be required. The "Wisconsin Statutes and Administrative Code" book is yours to keep.

# State of Wisconsin Department of Regulation & Licensing

## **SUPERVISION:**

All supervisors are legally and ethically responsible for the activities of the social worker supervisee. Supervisors shall be available or make appropriate provision for emergency consultation and intervention. Supervisors must be able to interrupt or stop the supervisee from practicing in given cases and to stop the supervised relationship if necessary.

### **Supervision – CISW Applicants only:**

#### **Supervised Pre-Certification Practice (SFC 3.07 and SFC 4, Wis. Adm. Code)**

Supervision of pre-certification practice of social work includes the direction by an approved supervisor of social work practice in face-to-face individual or group sessions of at least one hour duration, during each week of supervised practice of social work. Also, at least 3,000 hours of social work practice in no less than two years, under the supervision of an approved supervisor.

#### **Supervision may be exercised by either:**

1. A Licensed Clinical Social Worker with a masters or doctorate degree in social work.
2. A Certified Independent Social Worker with a masters or doctorate in social work.
3. Another individual approved in advance by the Social Worker section.

### **Supervision – LCSW Applicants only:** (Forms for field training and post-masters supervision are at the back of this application packet.)

#### **Supervised Pre-Licensure Practice (SFC 3.09 and SFC 4, Wis. Adm. Code)**

Supervision of pre-licensure practice of social work includes the direction by an approved supervisor of social work practice in face-to-face individual or group sessions of at least one hour duration, during each week of supervised practice of social work. The applicant must acquire at least 3,000 hours of clinical social work practice in no less than two years, including at least 1,000 hours of face-to-face client contact including DSM diagnosis and treatment of individuals, under the supervision of an approved supervisor. Hours acquired after August 1, 2002 may only be counted if the applicant held a CAPSW or CISW at the time.

#### **Supervision starting November 1, 2002 or later may be exercised by either:**

1. A Licensed Clinical Social Worker with a doctorate degree in social work.
2. A Licensed Clinical Social Worker with a master's degree in social work.
3. A Licensed Clinical Social Worker who has engaged in the equivalent of 5 years of full-time clinical social work.
4. A psychiatrist or psychologist.
5. Another individual approved in advance by the Social Worker section.

Supervision that started prior to January 1, 2002 may be exercised by a Certified Independent Clinical Social Worker. Supervision that started after January 1, 2002 may be exercised by a Certified Independent Clinical Social Worker with a master's or doctorate degree in social work. If the supervisor met the qualifications for an approved supervisor as of the start date of supervised experience, then the supervisor can continue to supervise to complete the required experience. However, supervision which is completed after November 1, 2002 must satisfy the 3,000 hour/1,000 hour requirement.

## **RECORD RETENTION:**

Applications and supporting documents for licensure, answer sheets, examination products and examiner evaluation documents for the jurisprudence examination are retained one year after the examination date. Booklets used by candidates are retained two months after release of grades. Records of specific examination content (jurisprudence examination file copies) are retained for five years.

### **MAIL APPLICATION AND REQUIRED DOCUMENTS TO:**

SOCIAL WORK SECTION  
WISCONSIN DEPARTMENT OF REGULATION AND LICENSING  
P.O. BOX 8935  
MADISON, WI 53708-8935

### **EXPRESS DELIVERY:**

SOCIAL WORK SECTION  
DEPARTMENT OF REGULATION & LICENSING  
1400 E. WASHINGTON AVE.  
MADISON, WI 53703

The status of your application can be checked at [www.drl.state.wi.us](http://www.drl.state.wi.us) under "Applicant Information."

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## SOCIAL WORKER APPLICATION

### MARRIAGE AND FAMILY THERAPY, PROFESSIONAL COUNSELING, AND SOCIAL WORK EXAMINING BOARD

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

Certification is required for use of the following titles: "Social Worker", "Advanced Practice Social Worker" and "Independent Social Worker". Licensure is required for the practice of clinical social work, or the use of the title: "Clinical Social Worker."

#### Credential Type For Which You Are Applying: (Check One)

- ☐ (120) Social Worker (CSW) - I have a bachelor's, master's or doctoral degree in social work from a program accredited by, or a pre-accreditation program of, the council on social work education.
- ☐ (121) Advanced Practice Social Worker (CAPSW) - I have a master's or doctoral degree in social work from a program accredited by, or a pre-accreditation program of, the council on social work education.
- ☐ (122) Independent Social Worker (CISW) - I have a master's or doctoral degree in social work from a program accredited by, or a pre-accreditation program of, the council on social work education. After receiving my master's or doctorate degree, I have engaged in at least 3000 hours of full-time supervised social work practice in no less than two years, and was supervised by an approved supervisor.
- ☐ (123) Clinical Social Worker (LCSW) - I have master's or doctorate degree in social work, from a program accredited by, or a pre-accreditation program of, the Council on Social Work Education. As part of my advanced degree program, I had a clinical social work concentration and completed supervised clinical field training. After receiving my master's or doctorate degree, I have engaged in at least 3000 hours of clinical social work practice in no less than two years, including at least 1,000 hours of face-to-face client contact, including DSM diagnosis and treatment of individuals, under the supervision of an approved supervisor.

☐ Your name and address are available to the public.

#### PLEASE TYPE OR PRINT IN INK

☐ Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.).

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth ____ month ____ day ____ year	Daytime Telephone Number (____) _____ - _____
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Ethnic/gender status information is optional. Sex: ☐ M ☐ F Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

SCHOOL	LOCATION (City/State)	DEGREE & MAJOR	DATE OF GRADUATION (m/d/y)

APPLICATION FEES: Please check applicable box and make check payable to Department of Regulation and Licensing and attach to application)

For Receipting Use Only

- ☐ Initial License  
\$ 53.00 Initial Credential Fee  
\$ 57.00 State Law Exam Fee  
\$ 15.00 Contract Exam Fee  
\$ 125.00 Total Fee
- ☐ I have taken State Law Exam and have been credentialed in the last 5 years as a:  
CSW CAPSW CISW  
\$ 53.00 Initial Credential Fee  
\$ 15.00 Contract Exam Fee  
\$ 68.00 Total Fee

- ☐ Temporary Certificate or License (available to all levels, but not for reciprocal applicants)  
\$ 10.00 In addition to the above fee (non-refundable)

- ☐ Reciprocal Fee (for persons credentialed in another state at the same level)
- |   |   |
|---|---|
| <input type="checkbox"/> Social Worker<br>\$ 53.00 Credential Fee<br>\$ 57.00 Exam Fee<br>\$ 110.00 Total Fee             | <input type="checkbox"/> Advanced Practice Social Worker<br>\$ 70.00 Credential Fee<br>\$ 57.00 Exam Fee<br>\$ 127.00 Total Fee |
| <input type="checkbox"/> Independent Social Worker<br>\$ 58.00 Credential Fee<br>\$ 57.00 Exam Fee<br>\$ 115.00 Total Fee | <input type="checkbox"/> Clinical Social Worker<br>\$ 73.00 Credential Fee<br>\$ 57.00 Exam Fee<br>\$ 130.00 Total Fee          |

# State of Wisconsin Department of Regulation & Licensing

## SUPERVISED SOCIAL WORK EXPERIENCE

To be completed by applicants for CISW and LCSW only.

(If you are applying for basic Social Worker, or Advanced Practice Social Worker certification, do not complete this part.)

### SUPERVISION:

All supervisors are legally and ethically responsible for the activities of the social worker supervisee. Supervisors shall be available or make appropriate provision for emergency consultation and intervention. Supervisors must be able to interrupt or stop the supervisee from practicing in given cases and to stop the supervised relationship if necessary.

#### Supervision – CISW Applicants only:

##### Supervised Pre-Certification Practice (SFC 3.07 and SFC 4, Wis. Adm. Code)

Supervision of pre-certification practice of social work includes the direction by an approved supervisor of social work practice in face-to-face individual or group sessions of at least one hour duration, during each week of supervised practice of social work. Also, at least 3,000 hours of social work practice in no less than two years, under the supervision of an approved supervisor.

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3. Another individual approved in advance by the Social Worker section.

Supervision – LCSW Applicants only: (Forms for field training and post-masters supervision are at the back of this application packet.)

##### Supervised Pre-Licensure Practice (SFC 3.09 and SFC 4, Wis. Adm. Code)

Supervision of pre-licensure practice of social work includes the direction by an approved supervisor of social work practice in face-to-face individual or group sessions of at least one hour duration, during each week of supervised practice of social work. The applicant must acquire, at least 3,000 hours of clinical social work practice in no less than two years, including at least 1,000 hours of face-to-face client contact including DSM diagnosis and treatment of individuals, under the supervision of an approved supervisor. Hours acquired after August 1, 2002 may only be counted if the applicant held a CAPSW or CISW at the time.

#### Supervision starting November 1, 2002 or later may be exercised by either:

1. A Licensed Clinical Social Worker with a doctorate degree in social work.
2. A Licensed Clinical Social Worker with a master's degree in social work.
3. A Licensed Clinical Social Worker who has engaged in the equivalent of 5 years of full-time clinical social work.
4. A psychiatrist or psychologist.
5. Another individual approved in advance by the Social Worker section.

Supervision that started prior to January 1, 2002 may be exercised by a Certified Independent Clinical Social Worker. Supervision that started after January 1, 2002 may be exercised by a Certified Independent Clinical Social Worker with a master's or doctorate degree in social work. If the supervisor met the qualifications for an approved supervisor as of the start date of supervised experience, then the supervisor can continue to supervise to complete the required experience. However, supervision which is completed after November 1 must satisfy the 3,000 hour/1,000 hour requirement.

**I have engaged in supervised social work practice at the following:** (If you need additional space, attach paper with your name and date of birth at the top.)

<b>Agency:</b>			
<b>Location:</b>			
<b>Dates From-To:</b>	<b>Hrs</b>	<b>Wk:</b>	<b>Total Hrs</b>
	_____ x _____	=	_____
<b>Position/Title:</b>			
<b>Practice Supervisor</b> (CISW/CICSW/LCSW):		<b>Credential #</b>	
<b>Volunteered/Employed:</b>			

<b>Agency:</b>			
<b>Location:</b>			
<b>Dates From-To:</b>	<b>Hrs</b>	<b>Wk:</b>	<b>Total Hrs</b>
	_____ x _____	=	_____
<b>Position/Title:</b>			
<b>Practice Supervisor</b> (CISW/CICSW/LCSW):		<b>Credential #</b>	
<b>Volunteered/Employed:</b>			

LCSW applicants should also complete forms for field training (#2561) and have supervisor file post-graduate supervision form (#2560).

### APPLICANTS CREDENTIALIALED ELSEWHERE:

I am credentialialed in the following states or territories:

By written examination: \_\_\_\_\_  
By endorsement/reciprocity: \_\_\_\_\_  
By "grandfathering": \_\_\_\_\_

You are required to have each state board or territory of the United States in which you have ever been credentialialed, submit verification (form #1971) to the Wisconsin Social Worker Section. The verification must state your date of birth, credential number, date of issuance, and a statement regarding disciplinary actions.

# State of Wisconsin Department of Regulation & Licensing

**Mark an X in the appropriate box.** If you answer YES to any question, give an explanation of all details on an attached sheet.

A "YES" answer does not preclude certification. *Please print your name and birth date at the top of each attached sheet.*

## THIS SECTION MUST BE COMPLETED BY ALL APPLICANTS

	<u>YES</u>	<u>NO</u>
1. Do you hold a certificate from the Academy of Certified Social Workers (ACSW)? <b>If yes, request ACSW to submit written verification of your certification directly to the Social Worker Section.</b>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you a Board Certified Diplomate (BCD) of the American Board of Examiners in Clinical Social Work? <b>If yes, request the Board to submit written verification directly to the Social Worker Section.</b>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you hold or have you ever held a credential (license, certification or registration) as a Social Worker in any other state or other government jurisdiction? <b>If yes, list where; submit the enclosed Verification Form (Form #2572) to each jurisdiction.</b>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you hold or have you ever held a credential (license, certification or registration) in any other occupation or profession in Wisconsin or any other jurisdiction? <b>If yes, what credentials(s) in which jurisdictions?</b>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever applied for and been denied a credential (license, certification or registration) in any profession? <b>If yes, give details on an attached sheet, including the name of the profession and the licensing authority.</b>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has your credential (license, certification, registration) in any profession ever been restricted, revoked, suspended, limited, surrendered or canceled, or has any other disciplinary action been taken against it in Wisconsin or any other jurisdiction? <b>If yes, give details on an attached sheet, including the name of the profession and the authority.</b>	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever surrendered or canceled your credential (license, certification or registration) in lieu of disciplinary proceedings by the issuing authority in any profession in Wisconsin or any other jurisdiction? <b>If yes, give details on an attached sheet, including the name of the profession and the authority.</b>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever been the subject of a disciplinary action by a regulatory committee of a professional association? <b>If yes, give details on an attached sheet, including the name of the association.</b>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is disciplinary action pending against you in any jurisdiction? <b>If yes, give details on an attached sheet, including the name of the profession and the authority.</b>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have any felony or misdemeanor charges pending against you? If yes, attach a sheet providing details about the pending charge, copy of the court documents and status of the charge. (Please do not give details on minor traffic charges, but do include information relating to <u>Driving While Intoxicated</u> (DWI) charges.)	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever been convicted of a misdemeanor or a felony? If yes, attach a sheet providing details about the crime, including date of conviction, penalty and a copy of the court documents. (Please do not give details on minor traffic convictions, but do include information relating to <u>Driving While Intoxicated</u> (DWI) charges.)	<input type="checkbox"/>	<input type="checkbox"/>
12. Are you incarcerated, on probation or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	<input type="checkbox"/>	<input type="checkbox"/>
13. Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition.	<input type="checkbox"/>	<input type="checkbox"/>
14. Is there anything that will prevent you from performing the essential tasks of this profession as generally understood in the profession and as defined in <u>Wisconsin Statutes</u> ? If yes, give details on an attached sheet.	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you ever been involuntarily terminated from any behavioral health or related employment for unprofessional conduct? <b>If yes, give details on an attached sheet.</b>	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you hold or have you ever held a social worker training certificate?	<input type="checkbox"/>	<input type="checkbox"/>
17. If applying for CISW, do you hold an Advanced Practice Social Worker certificate in Wisconsin? If yes, give credential number _____.	<input type="checkbox"/>	<input type="checkbox"/>
18. If you are applying for LCSW, do you hold an Advanced Practice Social Worker or Independent Social Worker certificate in Wisconsin? If yes, give certificate number _____.	<input type="checkbox"/>	<input type="checkbox"/>



# State of Wisconsin Department of Regulation & Licensing

## AFFIDAVIT OF APPLICANT (Sign and date in the presence of a notary)

I state that I am the person referred to on this application and that all the answers set forth are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential. I also understand that if I am issued a credential, failure to comply with the laws or rules of either the Examining Board of Social Workers, Marriage and Family Therapists, and Professional Counselors or the Wisconsin Department of Regulation and Licensing will be cause for disciplinary action.

\_\_\_\_\_  
Signature of Applicant

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn to before this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_  
(Applicant name)

\_\_\_\_\_  
Signature of Notary Public

**S E A L**

\_\_\_\_\_  
Date Commission Expires

# State of Wisconsin Department of Regulation & Licensing

## ADDENDUM TO APPLICATION

**SOCIAL SECURITY NUMBER.** Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.<sup>1</sup> A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

\_\_\_\_\_  
First Name                      Middle Initial                      Last Name

\_\_\_\_\_  
Profession

Date of Birth      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
                                 month                      day                      year

-  -

Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,<sup>2</sup> to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,<sup>3</sup> and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.<sup>4</sup>

<sup>1</sup> Section 440.03 (11m), Wis. Stats.

<sup>2</sup> Sections 49.22, and 440.13, Wis. Stats.

<sup>3</sup> Section 440.12, Wis. Stats.

<sup>4</sup> Health Insurance Portability and Accountability Act (HIPAA) of 1996

# Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935  
Madison, WI 53708-8935

FAX #: (608) 261-7083  
Phone #: (608) 266-2112

1400 E. Washington Avenue  
Madison, WI 53703  
E-Mail: [web@drl.state.wi.us](mailto:web@drl.state.wi.us)  
Website: <http://www.drl.state.wi.us>

## ACADEMIC VERIFICATION FORM (PREGRADUATION)

### MARRIAGE AND FAMILY THERAPY, PROFESSIONAL COUNSELING, AND SOCIAL WORK EXAMINING BOARD

The Wisconsin Statutes and Rules regulating the Social Work profession permit an applicant for certification as a Social Worker or an Advanced Practice Social Worker to take the required national social work examination prior to graduation if he or she is a student in good standing and within six months of anticipated graduation. This form serves the purpose of notifying the Social Worker Section of the Marriage and Family Therapy, Professional Counseling and Social Work Examining Board of that status.

#### APPLICANT - Please complete this section.

NAME (First, Middle, Maiden, Last)

Social Security Number

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Voluntary, for use by school to locate your records

ADDRESS (City, State, Zip)

Expected Date of Diploma

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### CERTIFYING SCHOOL - Please complete this section.

I verify that the applicant named above

☐ is a student in good standing with \_\_\_\_\_ and  
(name of institution)

☐ is within six months of anticipated completion of requirements for graduation.

Anticipated degree and major: \_\_\_\_\_

Anticipated graduation date: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Dean or Department Head

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Note:** This form may be used by applicants for certification as a (basic-level) Social Worker and as an Advanced Practice Social Worker who wish to take the national social work examination prior to graduation. Applicants for certification as an Independent Social Worker or as a Clinical Social Worker may not take the exam prior to graduation and may not use this form.

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## SOCIAL WORKERS CERTIFICATE OF PROFESSIONAL EDUCATION

### EXAMINING BOARD OF MARRIAGE AND FAMILY THERAPISTS, PROFESSIONAL COUNSELORS, AND SOCIAL WORKERS,

THIS FORM MUST BE COMPLETED BY YOUR PROFESSIONAL SCHOOL AND  
RETURNED DIRECTLY TO THE EXAMINING BOARD OF MARRIAGE AND FAMILY THERAPISTS,  
PROFESSIONAL COUNSELORS, AND SOCIAL WORKERS, AT THE ABOVE ADDRESS.

#### APPLICANT - Please complete this section.

NAME (First, Middle, Maiden, Last)

Social Security Number

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Voluntary for use by school to locate your records.

ADDRESS (Number, Street, City, State, Zip)

Date of Diploma

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### CERTIFYING SCHOOL - Please complete this section after diploma is issued.

NAME OF INSTITUTION

LOCATION OF INSTITUTION

DEGREE AWARDED - INCLUDING DEGREE FOCUS

MAJOR

DATE OF DIPLOMA

AT THE TIME APPLICANT RECEIVED DEGREE SCHOOL WAS ACCREDITED BY:

I certify that the above information is true.

\_\_\_\_\_  
Signature of Dean or Department Head

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**SCHOOL SEAL**

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## SUPERVISED CLINICAL FIELD TRAINING

### MARRIAGE AND FAMILY THERAPY, PROFESSIONAL COUNSELING, AND SOCIAL WORK EXAMINING BOARD

(If you are applying for basic Social Worker or Advanced Practice Social Worker, or Independent Social Worker certification, **do not complete this form.**)

(If you are applying for licensure as a Clinical Social Worker: Keep this form to submit to the Department of Regulation and Licensing when you have completed your supervised practice.)

Applicant: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Dates of placement, from (mm/yy) \_\_\_\_\_ to (mm/yy) \_\_\_\_\_

Supervisor's name: \_\_\_\_\_

Supervisor's credential: \_\_\_\_\_

Specific job duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Facility: \_\_\_\_\_

Dates of placement, from (mm/yy) \_\_\_\_\_ to (mm/yy) \_\_\_\_\_

Supervisor's name: \_\_\_\_\_

Supervisor's credential: \_\_\_\_\_

Specific job duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Facility: \_\_\_\_\_

Dates of placement, from (mm/yy) \_\_\_\_\_ to (mm/yy) \_\_\_\_\_

Supervisor's name: \_\_\_\_\_

Supervisor's credential: \_\_\_\_\_

Specific job duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

From SFC 2.01, Wis. Adm. Code:

"Clinical field training" means a minimum of one academic year in the supervised practice of clinical social work services consisting of assessment; diagnosis; treatment, including psychotherapy and counseling; client-centered advocacy; consultation; and evaluation. "Clinical field training" does not include indirect social work service, administrative, research, or other practice emphasis.

"Supervised clinical field training" means training in a primary clinical setting which must include at least 2 semesters of field placement where more than 50% of the practice is to assess and treat interpersonal and intrapsychic issues in direct contact with individuals, families or small groups.

"Primary clinical setting" means a facility whose primary purpose is to treat persons with a DSM-IV diagnosis.

#2561 (Rev. 11/19/02)

Ch. 457, Stats.

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## DOCUMENTATION OF POST-GRADUATE CLINICAL EXPERIENCE – SUPERVISOR'S AFFIDAVIT

### **MARRIAGE AND FAMILY THERAPY, PROFESSIONAL COUNSELING, AND SOCIAL WORK EXAMINING BOARD**

(If you are applying for basic Social Worker or Advanced Practice Social Worker, or Independent Social Worker certification, **do not complete this form.**)

(If you are applying for licensure as a Clinical Social Worker: Keep this form to give to your supervisor when you have completed your supervised practice. Do not return to the Department of Regulation and Licensing until completion of practice.)

Applicant: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Dates of supervision, from (mm/yy) \_\_\_\_\_ to (mm/yy) \_\_\_\_\_

Supervisor's name: \_\_\_\_\_

Supervisor's credential: \_\_\_\_\_

Please detail the applicant's specific job duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please also attach a formal position description for the supervisee.

Number of hours of face-to-face client contact: \_\_\_\_\_

Number of hours of face-to-face individual or group supervision: \_\_\_\_\_

Total number of hours of clinical social work practice: \_\_\_\_\_

Ref: SFC 3.09(3), Wis. Adm. Code: "An affidavit that the applicant has completed at least 3,000 hours of clinical social work practice in no less than 2 years, including at least 1,000 hours of face-to-face client contact and including DSM diagnosis and treatment of individuals, under the supervision of a supervisor approved by the social worker section after receiving a master's or doctoral degree. Pre-certification supervised practice shall meet the criteria under s. SFC 4.01."

The above-named applicant performed clinical social work under my supervision as described above.

If the supervised practice occurred in Wisconsin, the applicant was certified as an Advanced Practice Social Worker or an Independent Social Worker.

(ref. SFC 3.09(3), Wis. Adm. Code)

# Wisconsin Department of Regulation & Licensing

The applicant has (or has not) demonstrated competence in the following areas:

## Percent of Time

A. \_\_\_\_\_ ☐ yes ☐ no – Evaluation and assessment of difficulties in psychosocial functioning of a group or another individual.

\_\_\_\_\_ What percentage of time does this person spend } These two should total  
doing DSM diagnoses? }  
\_\_\_\_\_ % Other psychosocial assessment } the percentage in A

B. \_\_\_\_\_ ☐ yes ☐ no – Developing plans or policies to alleviate those difficulties, and either carrying out the plan or referring individuals to other qualified resources for assistance.

C. \_\_\_\_\_ ☐ yes ☐ no – Intervention planning, which may include psychosocial evaluation and counseling of individuals, families and groups; advocacy; referral to community resources and facilitation or organizational change to meet social needs.

D. \_\_\_\_\_ ☐ yes ☐ no Other activities.

(ref. SFC 3.09(3), 4.01(3) Wis. Adm. Code)

In my professional judgment, the applicant is (or is not) qualified to engage without supervision in all of the following:

☐ yes ☐ no – assessment;

☐ yes ☐ no – diagnosis;

☐ yes ☐ no – treatment, including psychotherapy and counseling.

☐ yes ☐ no – client-centered advocacy;

☐ yes ☐ no – consultation;

☐ yes ☐ no – evaluation.

(ref. SFC 2.01(7), Wis. Adm. Code)

I certify the above to be true and I have attached a formal position description for the supervisee.

Date: \_\_\_\_\_ Supervisor's Signature: \_\_\_\_\_ Credential # \_\_\_\_\_

Credential Type \_\_\_\_\_

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## CONVICTIONS AND PENDING CHARGES

If you have been convicted of a crime or have criminal charges pending against you, complete this form and return it with your application. Include a \$6.00 Crime Information Bureau report fee in addition to your original application fees.

The Fair Employment Act (sections 111.31-111.395, Wis. Stats.) prohibits employment discrimination on the basis of conviction record or arrest record unless the circumstances of the conviction or arrest substantially relate to the circumstances of the particular job or licensed activity. The information requested on this form will be used to determine whether your application should be granted, approved with limitations, or denied. The information you provide on this form may be verified against criminal information records. Omission of information on this form will be considered a false statement on an application.

Profession you are applying for: \_\_\_\_\_

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip) \_\_\_\_\_

Mail To Address (if different) \_\_\_\_\_

Date of Birth	Social Security Number
____ month ____ day ____ year	_____
Information helps us identify your record, but is voluntary. It is not available to the public.	

Ethnic/gender information is required to check criminal information records. Sex: ☐ M ☐ F Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

- List all other names used: \_\_\_\_\_
- List all felonies, misdemeanors, and other violations of state or federal law of which you have ever been convicted, in this state or any other, whether the conviction resulted from a plea of no contest or a guilty plea or verdict. For each, list the date and location of the conviction. Please include all convictions that involved alcohol or other drug use, including convictions for operating while intoxicated. Do not include municipal ordinance violations or other traffic offenses.

It is your responsibility to submit certified copies of the police report or criminal complaint, judgment of conviction and sentencing, and verification of your compliance with all terms of each sentence, including chemical dependency assessments if ordered by the court. If the conviction is old and records have been destroyed, you must submit a written description of each offense, along with an explanation of the penalties imposed and verification that you completed all requirements.

<u>OFFENSE</u>	<u>DATE</u>	<u>CITY/STATE</u>

Attach additional sheet(s) if necessary.



# State of Wisconsin Department of Regulation & Licensing

3. Have you ever been sentenced by a court to participate in an alcohol or other drug assessment, treatment or counseling program? YES NO MO/YR COMPLETED  
☐ ☐ \_\_\_\_\_  
Did you successfully complete the program? ☐ ☐ \_\_\_\_\_  
Please attach the certificate of completion/discharge summary.

- (Check all that apply)
4. Have you ever been sentenced to: YES NO MO/YR COMPLETED  
☐ Probation ☐ ☐ \_\_\_\_\_  
☐ Parole ☐ ☐ \_\_\_\_\_  
☐ Ordered to pay restitution ☐ ☐ \_\_\_\_\_  
Did you successfully complete one of the above as ordered by the court? ☐ ☐ \_\_\_\_\_

**If you are currently on probation or parole, you must request your probation/parole officer to send a letter describing your current probation/parole requirements and your compliance with supervision.**

5. List all felonies, misdemeanors, or other violations of state or federal law for which you have been arrested and which are **pending**. Submit a copy of the police report/criminal complaint for each of the following pending charges.

<u>PENDING CHARGE</u>	<u>DATE OF ARREST</u>	<u>LOCATION OF ARREST (city/state)</u>
-----------------------	-----------------------	--


Comments you wish to make regarding your convictions or pending charges. Attach another sheet if necessary.


## AFFIDAVIT OF APPLICANT

I state that I am the person referred to in this document and that all the information which I provided above is true in every respect. I understand that false or forged statements made in this document in connection with my application for a credential, or failing to provide relevant information, may be grounds for denial of the application, revocation of the credential granted to me, or criminal prosecution. This document must be signed before a notary public.

\_\_\_\_\_  
Signature

State of \_\_\_\_\_ County of \_\_\_\_\_

Signed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_  
(applicant's name)

\_\_\_\_\_  
Signature of Notary Public

My commission (is permanent) \_\_\_\_\_ expires \_\_\_\_\_.

**SEAL**

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## VERIFICATION OF CREDENTIAL

Complete only if you are credentialed in a state other than Wisconsin

### MARRIAGE AND FAMILY THERAPY, PROFESSIONAL COUNSELING AND SOCIAL WORK EXAMINING BOARD

Please check credential type: ☐ Social Worker ☐ Marriage and Family Therapy Training Cert.  
☐ Social Worker Training Certificate ☐ Professional Counselor  
☐ Marriage and Family Therapist ☐ Professional Counselor Training Certificate

The top portion of this form (numbers 1, 2, 3, 4, 5, and 6) must be completed by the applicant before forwarding to the jurisdiction where previously credentialed.

1. Name

2. Previous Name(s)

3. Address (number, street, city, state, zip code)

4. Date of Birth (month, day, year)

5. Credential Number

6. Date Credential Issued

I authorize the requested information to be furnished to the Wisconsin Marriage and Family Therapy, Professional Counseling, and Social Work Examining Board.

Signature

Date

**APPLICANT: DO NOT WRITE BELOW THIS LINE – To be completed by a state other than Wisconsin**

The lower portion of this form, beginning with number 7, must be completed by the state where you are credentialed (certified, registered, licensed) and returned directly to the Marriage and Family Therapy, Professional Counseling, and Social Work Examining Board, at the above address before your application can be considered for certification.

7. Profession Credentialed (Please include level of credential.)

8. Date Originally Credentialed and level of credential

9. Credential was Issued by:

\_\_\_ Examination \_\_\_ Waiver  
\_\_\_ Endorsement/Reciprocity \_\_\_ Grandfathered

10. Credential is:

\_\_\_ Active (Date Expires \_\_\_\_\_)  
\_\_\_ Inactive

11. Has This Credential Ever Been Revoked, Suspended, Surrendered, Restricted, Limited, Placed on Probation?

\_\_\_ Yes \_\_\_ No If yes, explain on reverse side.

12. If The Applicant Was Credentialed by Examination, Which Exam?

13. Name of Education Program Completed

14. Name of School

15. Location of School

16. Year of Graduation

SEAL/STAMP

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

State: \_\_\_\_\_

Date: \_\_\_\_\_

#2572 (11/19/02)  
Ch. 457, Stats.

Committed to Equal Opportunity in Employment and Licensing

# Wisconsin Department of Regulation & Licensing

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## NOTICES

### **TIME FOR REVIEW AND DETERMINATION OF CREDENTIAL APPLICATIONS**

Generally, a credentialing authority is required to make a determination on an original application for a credential within 60 business days after a completed application is received.<sup>a</sup> An application is completed when all materials necessary to make a determination on the application and all materials requested by the licensing authority have been received.

### **PROCEDURES ON APPLICATION DENIAL**

An applicant who receives a notice of denial may request a hearing to challenge the denial by filing a request with the appropriate board or the department within 45 days after the mailing of the notice of denial. The request must contain the applicant's name and address, the type of license sought, the reasons why a hearing is requested and a description of the mistake the applicant believes was made, if the applicant claims that the denial was based on a mistake of fact or law. Hearing procedures are specified in ch. RL 1 of the Wisconsin Administrative Code. A copy of ch. RL 1 is available at most public libraries, on the Internet through the index at <http://www.legis.state.wi.us/rsb/code/rl/rl.html> and may also be obtained from the department.

### **MAILING ADDRESS AND CHANGE OF ADDRESS**

Credential holders may use a business address as a mailing address for department mail. A change of address must be reported to the department within 30 days.

### **PERSONALLY IDENTIFIABLE INFORMATION: USE AND AVAILABILITY**

Information collected on an application form is required and will be used to determine eligibility for a credential or examination. It is not likely that the department will use information collected by these forms for other purposes.

Credentialing is a public process with a goal of identifying those competent to protect the public. The name, city, and status of credential holders are accessible at the Department's website at <http://www.drl.state.wi.us/> under "Credential Holder Query." Information collected on application and examination forms is available for inspection to the public under Wisconsin laws governing public records.

### **AMERICANS WITH DISABILITIES ACT**

The Department complies with the Americans With Disabilities Act of 1990. The Department will make reasonable modifications to policies, practices and procedures when modifications are necessary to avoid discrimination on the basis of disability and will make reasonable accommodations necessary to provide a qualified individual with a disability with equal access to department programs.

**Communications and examinations:** Individuals who need auxiliary aids for effective communication in programs and services or who wish to request special accommodations for examinations, please call (608) 266-2852 or TTY at (608) 267-2416.

**Complaints:** Procedures for alleging violations of the Americans with Disabilities Act of 1990 may be obtained by calling the Department's ADA Coordinator at (608) 266-8608 or TTY at (608) 267-2416.

#1988 (Rev. 2/03) ss. 15.04 (1) (m), 19.35, Stats.

<sup>a</sup> Section RL 4.06 of the Wisconsin Administrative Code

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## APPLICATION PACKET ADDENDUM (INTERNET)

### SOCIAL WORKER

For the application packet that you have just downloaded, there are additional materials needed.

Please complete this form and fax it to the number listed above. Once the form is returned we will mail the additional items to the address you have provided. If you prefer, you can mail this form directly to the Department of Regulation and Licensing, P.O. Box 8935, Madison, WI 53708.

Please indicate on this form if you have downloaded the Wisconsin Statutes and Code Book for this profession. ☐ Yes ☐ No

### PLEASE PRINT OR TYPE

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
PO Box

\_\_\_\_\_  
City, State, Zip

Thank you.

#2612 (4/03)